

ANAPHYLAXIS

A systemic allergic reaction, which develops following a drug ingestion, insect bite or exposure to an allergen. Anaphylactic reactions are characterized by airway compromise, hypotension and/or facial swelling, severe itching and urticaria (hives). Abdominal cramps, nausea, vomiting and diarrhea are also common.

1. Obtain and maintain a patent airway, deliver **100% oxygen**.
2. Administer 0.3-0.5mg of 1:1000 **Epinephrine** -subcutaneously or intramuscular (pediatric dose: 0.01mg/kg {0.01cc/kg}). This dose may be repeated in 15 to 20 minutes if necessary; or as directed by Medical Control.
3. Establish **IV** access, give **fluid challenge** of 20cc/kg up to 500cc **NS or LR** if hypotensive.
4. **Monitor** vital signs, cardiac rhythm, oxygen saturation, color, and level of consciousness.
5. Medical Options:
 - a. Intubation or cricothyrotomy as needed if not already performed.
 - b. Repeat **Epinephrine** 0.3-0.5mg (1:1000 solution) subcutaneously or intramuscular.
 - c. **Diphenhydramine** 25-50mg IM or IV.
 - d. With severe hypotension **Epinephrine** 1:10,000 0.5-1mg IV, or ET push. May be repeated every 5 min. if shock persists. (Pediatric dose: 0.01mg/kg {0.1cc/kg IV, IO, or ET}).
6. **Contact Medical Control.**
7. Medical Control Options
 - a. With severe hypotension use **Epinephrine** 1:1000 drip. Mix 2 mg in 1 liter of NS = 2 mcgs/ml, (0.001 – 0.1 mcg/kg/minute). Usual range 2 – 10 mcgs/minute (60-300 minidrops/min or 10 – 50 regular drops/min) titrated to raise the systolic blood pressure to 70 – 100 mm Hg.